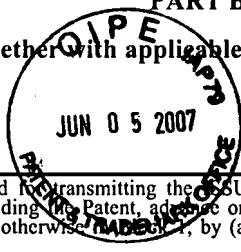


PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 or Fax (571)-273-2885



INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, address orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise. **MADE BY:** by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

35437

7590

05/18/2007

MINTZ LEVIN COHN FERRIS GLOVSKY & POPEO

666 THIRD AVENUE

NEW YORK, NY 10017

06/08/2007 WABDEL3 00000012 10768729

01 FC:1501

1400.00 OP

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Certificate of Mailing

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Sylvia Belardo	(Depositor's name)
<i>[Signature]</i>	(Signature)
June 5, 2007	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/768,729

01/28/2004

Yi-Ju Chen

21465-509 UTIL

8174

TITLE OF INVENTION: DOUBLE ENDED SEQUENCING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	08/20/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
THOMAS, DAVID C	1637	435-006000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Ivor R. Elrifi, Esq.

Mintz Levin Cohn Ferris

2 Glovsky and Popeo PC

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

454 Life Sciences Corporation

Branford, Connecticut 06405

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 5

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

☒ A check is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0311 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☒ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

*[Signature]*Date June 5, 2007

Typed or printed name

Ilona Gont

Registration No. 58,714

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Attorney Docket No. 21465-509 UTIL

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



APPLICANTS :	Chen, Yi-Ju, et al.	CONFIRMATION NO. :	8174
SERIAL NUMBER :	10/768,729	EXAMINER :	Thomas, David C.
FILING DATE :	January 28, 2004	ART UNIT :	1637
FOR :	Double Ended Sequencing		

MAIL STOP AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL LETTER

Sir:

Transmitted herewith for filing in the above-referenced patent application are the following documents:

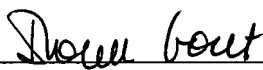
1. Completed Issue Fee Form PTOL-85 in duplicate (2 pages);
2. Check Number 3824 in the amount of \$1,715.00 (\$1,400.00 for Issue Fee, \$300.00 for Publication Fee and \$15.00 for 5 advance copies of patent); and
3. Return Postcard.

If the enclosed papers are considered incomplete, the Mail Room and/or the Application Branch is respectfully requested to contact the undersigned at (212) 935-3000.

The Commissioner is authorized to charge any additional fees that may be due, or credit any overpayment of same, to the undersigned's account, Deposit Account Number **50-0311**; Reference Number **21465-509 UTIL**. Please address all correspondence to Customer Number **35437**. A duplicate copy of this Transmittal Letter is enclosed herewith.

Respectfully submitted,

Dated: June 5, 2007



Ivor R. Elrifi, Reg. No. 39,529
Michelle A. Iwamoto, Reg. No. 55,296
Ilona Gont, Reg. No. 58,714
Attorneys/Agents for Applicants
c/o MINTZ, LEVIN, *et al.*
666 Third Avenue-24th Floor
New York, New York 10017
Telephone: (212) 983-3000
Telefax: (212) 983-3115